
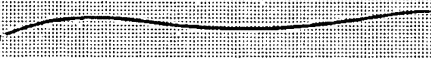
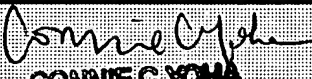

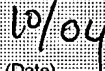


<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/788,862	ROOHPARVAR, FRANKIE F.	
	Examiner	Art Unit	
	Connie C. Yoha	2818	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
365		185.22			365	185.21	185.24	189.07	201
INTERNATIONAL CLASSIFICATION									
G	1	1	C	16/06					
				/					
				/					
				/					
				/					

 (Assistant Examiner) (Date)		 <b>CONNIE C. YOHA</b> <b>PRIMARY EXAMINER</b> (Primary Examiner) (Date)		Total Claims Allowed: 14	
 (Legal Instruments Examiner) (Date)		 (Date)		O.G. Print Claim(s) 1	O.G. Print Fig. 6

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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2	2		32		62		92		122		152		182		
3	3		33		63		93		123		153		183		
4	4		34		64		94		124		154		184		
5	5		35		65		95		125		155		185		
6	6		36		66		96		126		156		186		
7	7		37		67		97		127		157		187		
8	8		38		68		98		128		158		188		
9	9		39		69		99		129		159		189		
10	10		40		70		100		130		160		190		
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12	12		42		72		102		132		162		192		
13	13		43		73		103		133		163		193		
14	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
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	19		49		79		109		139		169		199		
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	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
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	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		